TERRACE AT ST. FRANCIS
3200 SOUTH 20TH STREET

53215 Phone: (414) 389-3200 Ownership: Nonprofit Church/Corporation MILWAUKEE Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/02): 81 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	90				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	 Less Than 1 Year	57.3
Supp. Home Care-Personal Care	No					1 - 4 Years	34.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.7	More Than 4 Years	8.0
Day Services	No	Mental Illness (Org./Psy)	5.3	65 - 74	16.0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	18.7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.7	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.7			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	1.3		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	10.7	65 & Over	93.3		
Transportation	No	Cerebrovascular	5.3			RNs	19.9
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	5.6
Other Services	No	Respiratory	8.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	66.7	Male	29.3	Aides, & Orderlies	37.9
Mentally Ill	No	1		Female	70.7	1	
Provide Day Programming for			100.0				
Developmentally Disabled	No	İ		I	100.0	i İ	

Method of Reimbursement

		Medicare			edicaid itle 19			Private Pay			Family Care			Managed Care						
Level of Care	No.	96	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	00	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	16	100.0	283	4	18.2	141	0	0.0	0	1	2.9	228	0	0.0	0	2	66.7	408	23	30.7
Skilled Care	0	0.0	0	16	72.7	120	0	0.0	0	33	97.1	204	0	0.0	0	1	33.3	204	50	66.7
Intermediate				2	9.1	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	16	100.0		22	100.0		0	0.0		34	100.0		0	0.0		3	100.0		75	100.0

TERRACE AT ST. FRANCIS

Psychological Problems

Nursing Care Required (Mean)

	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02				
Deaths During Reporting Period										
				_		Total				
	Activities of	%	As	sistance of	% Totally	Number of				
	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
0.0	Bathing	1.3		82.7	16.0	75				
0.0	Dressing	8.0		76.0	16.0	75				
99.4	Transferring	16.0		66.7	17.3	75				
0.0	Toilet Use	12.0		66.7	21.3	75				
0.0	Eating	77.3		20.0	2.7	75				
0.3	*****	******	*****	*****	*****	*****				
340	Continence		%	Special Treatmen	ts	90				
	Indwelling Or Exterr	nal Catheter	12.0	Receiving Resp.	iratory Care	14.7				
53.1	Occ/Freq. Incontiner	nt of Bladder	61.3	Receiving Trac	heostomy Care	0.0				
0.0	Occ/Freq. Incontiner	nt of Bowel	36.0	Receiving Suct	ioning	1.3				
8.3	_			Receiving Osto	my Care	6.7				
16.8	Mobility			Receiving Tube	- Feeding	0.0				
0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet	s 38.7				
0.0				-	-					
5.6	Skin Care			Other Resident C	haracteristics					
16.2	With Pressure Sores		13.3	Have Advance D	irectives	98.7				
	With Rashes		0.0	Medications						
339				Receiving Psyc	hoactive Drugs	54.7				
	0.3 0.0 0.0 99.4 0.0 0.3 340 53.1 0.0 8.3 16.8 0.0 5.6 16.2	Activities of O.3 Daily Living (ADL) O.0 Bathing O.0 Dressing 99.4 Transferring O.0 Toilet Use O.0 Eating O.3 ************************************	Activities of % 0.3 Daily Living (ADL) Independent 0.0 Bathing 1.3 0.0 Dressing 8.0 99.4 Transferring 16.0 0.0 Toilet Use 12.0 0.0 Eating 77.3 0.3 ************************************	Activities of	Activities of	Activities of				

************************ Ownership: Bed Size: Licensure: Nonprofit 50-99 Skilled This All Facilities Facility Peer Group Peer Group Peer Group 용 Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 92.6 85.6 1.08 86.7 84.2 85.1 1.07 1.10 1.09 Current Residents from In-County 88.1 85.3 100 1.14 90.3 1.11 1.17 76.6 1.30 Admissions from In-County, Still Residing 12.6 23.6 0.54 20.3 0.62 21.0 0.60 20.3 0.62 186.6 Admissions/Average Daily Census 453.3 134.2 3.38 2.43 153.9 2.95 133.4 3.40 Discharges/Average Daily Census 452.0 140.2 3.22 185.6 2.43 156.0 2.90 135.3 3.34 Discharges To Private Residence/Average Daily Census 240.0 46.8 5.12 73.5 3.27 56.3 4.26 56.6 4.24 Residents Receiving Skilled Care 97.3 90.1 1.08 94.8 1.03 91.6 1.06 86.3 1.13 Residents Aged 65 and Older 93.3 96.3 0.97 89.2 91.5 1.02 87.7 1.06 1.05 Title 19 (Medicaid) Funded Residents 29.3 0.56 0.58 60.8 0.48 52.8 50.4 67.5 0.43 Private Pay Funded Residents 45.3 34.8 1.30 30.4 1.49 23.4 1.94 21.0 2.15 Developmentally Disabled Residents 0.0 0.6 0.00 0.8 0.00 0.8 0.00 7.1 0.00 Mentally Ill Residents 5.3 35.2 0.15 27.0 0.20 32.8 33.3 0.16 0.16 General Medical Service Residents 2.47 2.87 66.7 23.7 2.82 27.0 23.3 20.5 3.25 Impaired ADL (Mean) 46.1 50.5 0.91 48.9 0.94 51.0 0.90 49.3 0.94

54.7

7.2

1.00

1.30

55.5

6.8

0.99

1.38

53.9

7.2

1.01

1.30

54.0

1.01

7.2 1.30

54.7

9.3